

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>04/05/04</u>		2 Serial/Patent # <u>10/657,770</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
X	Petition		<u>02/05/04</u>	\$ <u>130</u>
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>130</u>
		8 TO BE REFUNDED BY:		
		X	Treasury Check	
			Credit Deposit A/C #:	
		9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center; line-height: 20px;"> -- </div>	
10 REASON:		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	Overpayment			
	Duplicate Payment			
X	No Fee Due (Explanation):			
<u>Postcard proves allegedly mislabeled drugs were present on day 1. Refund pet fee</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>		TITLE: <u>Pet Attny</u>		
SIGNATURE: <u>E. Shirene Willis</u>		PHONE: <u>308-6712</u>		
OFFICE: <u>Office of Petition</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Alvin Kell</u>		DATE: <u>4-8-04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B